

AUTHORIZATION TO BIND CORPORATION AND INVOICE APPROVAL FORM

The Board of Directors of the _____

in a duly executed meeting held on _____

and where a quorum was present, resolved to authorize:

Signature: _____

Date: _____

Name: _____
(Type/Print)

Title: _____

Signature: _____

Date: _____

Name: _____
(Type/Print)

Title: _____

Signature: _____

Date: _____

Name: _____
(Type/Print)

Title: _____

to negotiate and sign State Indian Health Program grant and any invoices that may result.

The undersigned hereby affirms he/she is a duly authorized officer of the Corporation and that the statements contained in this document are true and complete to the best of his/her knowledge. The undersigned further affirms that the applicant accepts, as a condition of the Grant, the obligation to comply with the applicable State and Federal requirements, policies, standards and regulations. The undersigned further affirms that the funds shall be used for delivering primary care medical, dental, and outreach services to program beneficiaries. The undersigned recognizes that this is a public document and is open to public inspection.

Signature: _____ **Date:** _____
(Corporate Officer's Signature)

Name: _____ Title: _____
(Type/Print)

Form Completion Instructions: At least two persons must be authorized to sign clinic invoices. A current authorization form must be kept on file with the State Indian Health Program. If any changes in this authorization occur, the clinic must notify the State Indian Health Program within ten (10) working days in writing. Additional copies of this form are available at <http://www.dhs.ca.gov/ihp>.

All signatures must be in blue ink